

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/94/348
APPLICANT(S)

09/914, 348
FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		1					52						
4		1					53						
5		1					54						
6		1					55						
7		1					56						
8		1					57						
9		1					58						
10		1					59						
11	1						60						
12		1					61						
13		1					62						
14		1					63						
15		1					64						
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43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	28		26				TOTAL DEP.						
TOTAL CLAIMS	30		28				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY